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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Dock Number

First Named Inventor

M. SHAHINPOOR

COMPLETE IF KNOWN

Application Number

10/064,729

Filing Date

8, 9, 2002

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Electrically Active IONIC Polymer
Metal Composites and Novel Methods of
Manufacturing Them

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

8, 9, 2002

as United States Application Number or PCT International

Application Number

10/064,729

and was amended on (MM/DD/YYYY)

(if applicable)

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COMMUNICATIONS SECTION

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


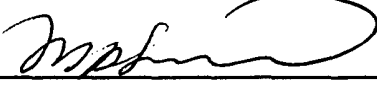
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

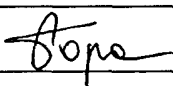
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 27232		OR <input type="checkbox"/> Correspondence address below	
Name MOHSEN SHAHINPOOR			
Address 909 Virginia, NE Suite 205			
City Albuquerque		State NM	ZIP 87108
Country USA	Telephone (505) 265 4479	Fax (505) 265 4487	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MOHSEN		Family Name or Surname SHAHINPOOR	
Inventor's Signature 		Date 8/30/02	
Residence: City Albuquerque	State NM	Country USA	Citizenship USA
Mailing Address 9910 Tandan Dr., NE			
City Albuquerque	State NM	ZIP 87111	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Massoud		Family Name or Surname Arghar	
Inventor's Signature 		Date 8-30-2002	
Residence: City Albuquerque	State NM	Country USA	Citizenship USA
Mailing Address 1400 Adams Street NE			
City Albuquerque	State NM	ZIP 87110	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



Please type a plus sign (+) inside this box → 

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> </u> of <u> </u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
NICULINA CRISTINA		POPA	
Inventor's Signature 		Date 8/30/2002	
Residence: City	ALBUQUERQUE	State	NM
		Country	USA
Citizenship ROMANIAN			
Mailing Address 10734 STONE HEDGE CT. NW.			
Mailing Address			
City	ALBUQUERQUE	State	NM
		ZIP	87114
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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